

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

MICHIGAN SCHOOL BUILDING WEEKLY REPORT OF COMMUNICABLE DISEASE TO LOCAL HEALTH DEPARTMENT

According to Public Act 368, of 1978 as amended, the local health department shall be notified immediately of the occurrence of communicable disease (especially rash-like illnesses with fever). In addition to immediate notification by telephone, please include all occurrences on this form and mail to your local health department.

1 WEEK ENDING:	SCHOOL OR PRESCHOOL:	DISTRICT:	CURRENT SCHOOL ENROLLMENT:
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INSTRUCTIONS	<p>A: Record appropriate information in Sections 1, 2, 3, 4 & 5.</p> <p>B: Simply fold, scotch tape, stamp and mail.</p> <p>C: MAIL/FAX EACH FRIDAY to your local health department EVEN IF THERE ARE NO DISEASES TO REPORT. NOTE: FAX EARLY IF DISEASE OF CONCERN.</p> <p>D. Add additional sheets as necessary.</p>
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2 LIST ALL CONFIRMED OR SUSPECTED CASES of communicable diseases, including: Chickenpox, Measles, Rubella (German measles), Mumps, Hepatitis, Scarlet Fever, Strep Throat, Scabies, Pertussis (Whooping Cough), *Haemophilus influenzae* type b, Encephalitis, and Meningitis CASES HERE.

DISEASE	DATE FIRST ABSENT	CHILD'S NAME LAST FIRST	BIRTH DATE	GRADE	ADDRESS/CITY/ZIP	PHONE NUMBER(S)	DIAGNOSED BY (provide name if available) (Dr., parent, teacher, etc)

<p>3 Indicate here (by number only) suspected or confirmed cases of:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">DISEASE</th><th style="width:80%;">NUMBER OF CASES</th></tr> </thead> <tbody> <tr> <td>Respiratory Illness*</td><td> </td></tr> <tr> <td>Gastrointestinal Illness¹</td><td> </td></tr> <tr> <td>Pediculosis (Head Lice)</td><td> </td></tr> </tbody> </table> <p><small>*Respiratory Illness (Influenza like): Any student with fever or pneumonia AND any of the following symptoms-sore throat, cough, generalized aching in the muscles of arms/legs/back. ¹ Gastrointestinal Illness (Norovirus like): any student with vomiting and/or diarrhea.</small></p>	DISEASE	NUMBER OF CASES	Respiratory Illness*		Gastrointestinal Illness ¹		Pediculosis (Head Lice)		<p>4 Place an X here if:</p> <p><input type="checkbox"/> NO DISEASES TO REPORT</p> <p><input type="checkbox"/> SCHOOL CLOSED DUE TO DISEASE</p> <p>5</p> <p>SUBMITTED BY: _____</p> <p>TELEPHONE #: _____</p> <p>DATE: _____</p>
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Respiratory Illness*									
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